

State of Tennessee TENNESSEE ATHLETIC COMMISSION DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243

APPLICATION FOR RING OFFICIAL

I ype or print legibly I am applying for the following discipline: (Check one) [] MMA [] Boxing [] Kickboxing		
I am applying for the following license: (Check one)		
[] Referee (\$75) [] Judge (\$50) [] Physician (\$0) []	Announcer (\$100) [] Timekeeper (\$50)	
Please include with this application:		
[] Fee (\$50 application fee and the licensing fee listed for each	n checked box above)	
[] 2 Photographs		
[] (Referees and Judges only) Two completed fingerprint card	s or a copy of the receipt for electronically scanned prints	
Pursuant to TCA 68-115-208(b), the applicant must cover	the cost of the background check.	
Full Name		
Last First	Middle	
Professional/ ring name(s) if different from above		
Mailing Address		
City	State/Zip	
County	Phone No	
E-Mail Address		
Date of Birth		
Citizen of (State/Foreign Country)	-	
Did you have an unexpired license with the former Tennessee Boxing Commission? Yes [] No [] If "yes," please provide license number and expiration date below.		
Have you ever had a boxing, mma, or kickboxing related license If "yes," please provide a full explanation.	refused, suspended or revoked? Yes [] No []	
List any states or localities in which you hold or have held a license of the type for which you are applying and how many years you have had that license.		
(For Referees and Judges) Have you ever been convicted of a full "yes," please provide a full explanation of the charges as well a		

of paper.)	e. (II you need additional space, please attach another snee
I hereby affirm that the statements made in this application are understand that any misrepresentation or failure to answer shapplicable legal penalties.	, ,
Applicant's Signature	Date